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45

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

ATTORNEY'S DOCKET NO.: SPINE 3.0-381

As a below-named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BIASED ANGULATION BONE FIXATION ASSEMBLY the specification of which

☐ is attached hereto

☒ was filed on March 5, 2002

as United States Application Number or PCT International Application

Number 10/091,068 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number: 60/322,042

Filing Date: September 14, 2001

Application Number:

Filing Date:

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

PCT Parent Number:

Parent Filing Date:

LISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: ☐ YES ☒ NO

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530

DECLARATION -- Page 2

ATTORNEY DOCKET NO. SPINE 3.0-381

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor, if any (given name, family name): **DR. JOHN CARBONE**

Inventor's signature _____ Date _____

Residence: **Lutherville, MD** Citizenship: **USA**

Mailing Address: **20 Westspring Way, Lutherville, MD 21093**

Full name of second joint inventor, if any (given name, family name): **AARON MARKWORTH**

Second Inventor's signature  Date **7/24/02**

Residence: **Pompton Lakes, NJ** Citizenship: **USA**

Mailing Address: **635 Hamburg Turnpike, Apt. 702, Pompton Lakes, NJ 07442**

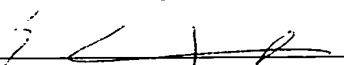
Full name of third joint inventor, if any (given name, family name): **MICHAEL HORAN**

Third Inventor's signature _____ Date _____

Residence: **Charleston, SC** Citizenship: **USA**

Mailing Address: **45 Sycamore Avenue, #1625, Charleston, SC 29407**

Full name of fourth joint inventor, if any (given name, family name): **YVES CROZET**

Fourth Inventor's signature  Date **7/24/02**

Residence: **Ramsey, NJ 07446** Citizenship: **France**

Mailing Address: **76 Oak Ridge Road, Ramsey, NJ 07446**

Full name of fifth joint inventor (given name, family name):

Fifth Inventor's signature _____ Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of sixth joint inventor, if any (given name, family name):

Sixth Inventor's signature _____ Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of seventh joint inventor, if any (given name, family name):

JUL 15 2002 1:45PM



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No. 1518 P. 2

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PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED
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Full name of sole or first inventor, if any (given name, family name): **DR. JOHN CARBONE**

Inventor's signature _____

Date _____

7/15/02

Residence: **Lutherville, MD** Citizenship: **USA**

Mailing Address: **20 Westspring Way, Lutherville, MD 21093**

Full name of second joint inventor, if any (given name, family name): **AARON MARKWORTH**

Second Inventor's signature _____

Date _____

Residence: **Pompton Lakes, NJ** Citizenship: **USA**

Mailing Address: **635 Hamburg Turnpike, Apt. 702, Pompton Lakes, NJ 07442**

Full name of third joint inventor, if any (given name, family name): **MICHAEL HORAN**

Third Inventor's signature _____

Date _____

Residence: **Charleston, SC** Citizenship: **USA**

Mailing Address: **45 Sycamore Avenue, #1625, Charleston, SC 29407**

Full name of fourth joint inventor, if any (given name, family name): **YVES CROZET**

Fourth Inventor's signature _____

Date _____

Residence: **Ramsey, NJ 07446** Citizenship: **France**

Mailing Address: **76 Oak Ridge Road, Ramsey, NJ 07446**

Full name of fifth joint inventor (given name, family name):

Fifth Inventor's signature _____

Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of sixth joint inventor, if any (given name, family name):

Sixth Inventor's signature _____

Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of seventh joint inventor, if any (given name, family name):

Barry Rasel
7/15/02



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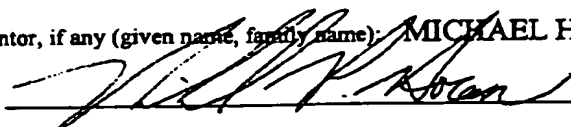
Full name of second joint inventor, if any (given name, family name): **AARON MARKWORTH**

Second Inventor's signature _____ Date _____

Residence: **Pompton Lakes, NJ** Citizenship: **USA**

Mailing Address: **635 Hamburg Turnpike, Apt. 702, Pompton Lakes, NJ 07442**

Full name of third joint inventor, if any (given name, family name): **MICHAEL HORAN**

Third Inventor's signature  _____ Date **7/24/2002**

Residence: **Charleston, SC** Citizenship: **USA**

Mailing Address: **45 Sycamore Avenue, #1625, Charleston, SC 29407**

Full name of fourth joint inventor, if any (given name, family name): **YVES CROZET**

Fourth Inventor's signature _____ Date _____

Residence: **Ramsey, NJ 07446** Citizenship: **France**

Mailing Address: **76 Oak Ridge Road, Ramsey, NJ 07446**

Full name of fifth joint inventor (given name, family name):

Fifth Inventor's signature _____ Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of sixth joint inventor, if any (given name, family name):

Sixth Inventor's signature _____ Date _____

Residence: _____ Citizenship: _____

Mailing Address: _____

Full name of seventh joint inventor, if any (given name, family name):